

CERTIFIED ASSOCIATE - APPLICATION FORM

First Name(s)	
Surname	
Date of Birth	
Address	<hr/> <hr/> <hr/> Postcode <hr/>
Email Address	<hr/>
Phone number	<hr/>
Date of Application	<hr/>

Please click [here](#) for Application fee.

If applying for Certified Associate membership after the 1st July the application fee is reduced by 50%.

All memberships renew on January 1st each year.

Please see **Bye Law 4, clause 3** for criteria relevant to Certified Associate Membership of IAHIP

Declaration

- I have the intention of becoming a fully accredited member of IAHIP Ltd.
- I am practising as a humanistic and integrative psychotherapist under regular IAHIP-approved supervision, (see **Bye Law 11, clause 7**).

Name of Accredited Supervisor _____

Accrediting Body of Supervisor _____

- I am covered by a policy of insurance for professional indemnity risks and a copy of this schedule of current insurance is attached with this application.
- I have graduated from a psychotherapy training course which meets all the requirements of Phase 1 of psychotherapy training specified by Bye Law 11 as necessary for eventual accreditation and membership of the Association.
- I have enclosed a copy of my graduation certificate.

Name of Training Organisation _____

Name of Course _____

Date of Graduation _____

- I consent to be governed by the Code of Ethics and Practice and be subject to the Complaints Procedure as if an Accredited Member.
- I have provided recommendations from my current supervisor.
- I understand that in the event of a complaint against Certified Associates, IAHIP Ltd will use its discretion whether to implement the Complaints Procedure.

Signature of Applicant _____

Section for Signature of Supervisor

I confirm that I am the supervisor of

APPLICANT'S NAME: _____ and that the supervision I provide conforms

with the current requirements of IAHIP (see **Bye Law 11, Clause7.3**). I recommend the applicant as
a Certified Associate with IAHIP.

Name: _____ Accrediting Body _____

Signed: _____ Date: _____

Please tick the box relating to your payment type:

ONLINE (**click here to access online payment link**)

POSTAL ORDER

CHEQUE

**Please send completed form, copy of Graduation Certificate and fee (if not paying online) to:
IAHIP, 40 Northumberland Avenue, Dun Laoghaire, Co. Dublin.**